

## ASBESTOS WASTE SHIPMENT/DISPOSAL RECORD

03-406

## 1. REMOVAL PROJECT LOCATION

Name: Former Block's Warehouse  
 Mailing: 1401 N. Milburn  
 Address: Indianapolis, IN  
 Location: Pipe and Breaching Insulation

## GENERATOR

## 2. OWNER

Name: Sexton Corp.  
 Mailing: 9001 N. Meridian Street  
 Address: Indianapolis, IN 46260  
 Phone: 317/846-4444 ext. 123

## 3. OPERATOR/CONTRACTOR

Name: Asbestos Inspections & Removal Company (AIR Co.)  
 Mailing: 4701 N. Franklin Road  
 Address: Indianapolis, IN 46226  
 Phone: (317) 546-7473

## 4. AUTHORIZED AGENT

Name: Darrin E. Meacham

Phone: (317) 546-7473

## 5. WASTE DISPOSAL SITE (WDS)

Name: Caldwell Landfill  
 Mailing: P.O. Box 212  
 Address: Morristown, IN 46161  
 Location: 11380 N. 300 E.  
 Morristown, IN 46161

## WASTE

## 6. RESPONSIBLE AGENCY

Name: IDEM, Office of Air Management  
 Mailing: 100 N. Senate Avenue, 10th Floor  
 Address: Indianapolis, IN 46206

Disposal Site Operator:  
 Phone: (800) 453-5575

## 8. CONTAINERS

Number	Type Bundles
135	BA

9. TOTAL QUANTITY  
CuFt, CuYds., Lbs., Tons

11 CuYds

## 7. DESCRIPTION: R.Q. ASBESTOS. NA2212

SHIPPING NAME: R.Q. ASBESTOS NA2212 9.P.G. III

## 10. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION

DO NOT OPEN, RIP, OR TEAR BAGS, BARRELS AND/OR CONTAINERS

EMERGENCY RESPONSE PHONE NUMBER:

## 11. OPERATOR'S CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by proper shippings name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations

Thomas R. Ekstrom

Supervisor

*Thomas R. Ekstrom*

11/17/03

Name (printed or typed)

Title

Signature

Date (MM/DD/YY)

## 12. TRANSPORTERS

## TRANSPORTER #1

(acknowledgement of receipt of materials)

## TRANSPORTER #2

Name: CGS Inc.

Mailing: P.O. Box 212  
 Address: Morristown, IN 46161

Phone: (800) 453-5575

Name:

Mailing:  
 Address:

Phone:

*Alvin Russell*  
 Name (printed or typed)

*Driver*  
 Title

*Alvin Russell*  
 Signature

*11/18/03*  
 Date (MM/DD/YY)

Name (printed or typed)

Title

Signature

Date (MM/DD/YY)

## 13. DISCREPANCY INDICATION SPACE

## 14. CERTIFICATION OF RECEIPT

I hereby certify that the above named material has been accepted and that to the best of my knowledge the foregoing is true except as noted above

*V. Linville*  
 Name (printed or typed)

Title

Signature

*11/18/03*  
 Date (MM/DD/YY)

5/7/98